



ARKANSAS DEPARTMENT OF EDUCATION

Long Term Substitute Teacher of More Than 30 Days Waiver Request

Date: _____

LEA _____ School District _____

Teacher of Record Information

Name _____ Social Security # _____

Subject Area Teaching _____

Reason Teacher of Record not there: _____

_____ Last Day Worked _____

Substitute Information

Name _____ Social Security # _____

Subject Area _____

Degree Conferred _____ College/University _____

Does substitute have an Educator's License? ____ Licensure Area _____

Justification of need _____

Please attach documentation that a currently licensed educator is being sought.

Superintendent's Signature _____ Date _____

ADE USE ONLY

GRANTED _____ DENIED _____ DATE _____ INITIALS _____

GRANTED FOR: 1st SEMESTER _____ 2nd SEMESTER _____

Please complete form in its entirety and email to Darrick.Williams@arkansas.gov